

TO: FELICIA ALLEN, Legal Instruments Examiner, USPTO

p.1

FROM: DAVID PETER ALAN, ESQ., Reg. No. 30,905

RE: DUTKA Application, #10/032,426

Attached are all original papers mailed to you on December 13, 2005. They will be mailed again tomorrow, January 11, 2006. Total pages: 10

Dated: January 13, 2006

Faxed to (571) 273-0986

PAGE 1/2 * RCVD AT 1/13/2006 3:20:55 PM [Eastern Standard Time] * SVR:USPTO-EFAX-6/33 * DNIS:2730986 * CSID: * DURATION (mm-ss):00-50

*Response to Notice of
Non-Compliance
Submitted 1/10/2006
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PTO/SB/21 (09-04)


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032,426	
	Filing Date	December 31, 2001	
	First Named Inventor	Michael Dutka	
	Art Unit	1751	
	Examiner Name	Frankie L. Stinson	
Total Number of Pages in This Submission	7	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): List of Claims with proper status identi- fiers.
Remarks Enclosed please find list of Claims with Status Identifiers as required in letter of October 14, 2005. Check for \$60 for fee for One Month Extension is also enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DAVID PETER ALAN, ESQ.		
Signature			
Printed name	DAVID PETER ALAN, ESQ.		
Date	December 13, 2005	Reg. No.	30,905

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional)	
Application Number 10/032,426		Filed December 31, 2001	
For WATER POWERED WASHING AND RINSING DEVICE			
Art Unit 1751		Examiner Stinson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>30,905</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		<u>December 13, 2005</u> Date	
<u>DAVID PETER ALAN, ESQ.</u> Typed or printed name		<u>(973) 762-6543</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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